

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

John

Thomaides

## OFFICE USE ONLY

Date Received City Clerk

JAN 18 2011 10:45 AM

City of San Marcos

Date Hand-delivered or Postmarked

Receipt #

Amount

Date Processed

Date Imaged

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

813 Arizona

San Marcos, TX 78666

☐ change of address5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 757 4204

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Bibb

Underwood

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1301 Brown St

San Marcos TX 78666

8 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 396-3177

9 REPORT TYPE

☐

January 15

☐

30th day before election

☐

Runoff

☐15th day after campaign treasurer  
appointment (officeholder only)☐

July 15

☐

8th day before election

☐

Exceeded \$500 limit

☒

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

10 / 24 / 10

THROUGH

Month

Day

Year

12 / 31 / 2010

11 ELECTION

ELECTION DATE

Month

Day

Year

11 / 2 / 10

ELECTION TYPE

☐ Primary☐ Runoff☒ General☐ Special

12 OFFICE

OFFICE HELD (if any)

City Council Pl 6

13 OFFICE SOUGHT (if known)

Mayor

14 NOTICE  
OF DIRECT  
CAMPAIGN  
EXPENDITURE  
BY OTHER  
INDIVIDUALSDIRECT CAMPAIGN EXPENDITURES ARE CAMPAIGN EXPENDITURES MADE BY OTHERS WITHOUT THE CANDIDATE'S PRIOR CONSENT OR APPROVAL.  
CANDIDATES ARE REQUIRED TO DISCLOSE THIS INFORMATION ONLY IF THEY RECEIVE NOTIFICATION OF THE DIRECT CAMPAIGN EXPENDITURE.

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

# CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH  
COVER SHEET PG 2

15 C/OH NAME

16 ACCOUNT # (Ethics Commission Filers)

## 17 NOTICE FROM POLITICAL COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

## 18 CONTRIBUTION TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 300.<sup>02</sup>

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 4,700.<sup>02</sup>

## EXPENDITURE TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 564.<sup>81</sup>

4. TOTAL POLITICAL EXPENDITURES

\$ 17,665.<sup>09</sup>

## CONTRIBUTION BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 404.<sup>87</sup>

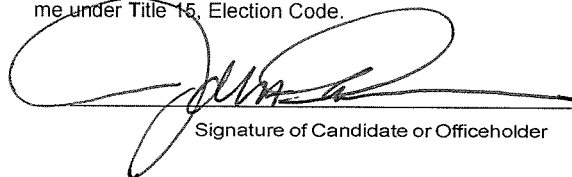
## OUTSTANDING LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 9,200.<sup>00</sup>

## 19 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said \_\_\_\_\_, this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>John Thomasides</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/27/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Thea Duke</b>	7 Amount of contribution (\$) <b>500.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>220 N. Johnson Ave San Marcos TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Charles Sims</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>304 Oakridge San Marcos TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/27/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jim Kelly</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 687 San Marcos TX 78667</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jon Leonard</b>	Amount of contribution (\$) <b>500.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 1254 San Marcos TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Ted Breihan</b>	Amount of contribution (\$) <b>400.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>P.O. Box 477 San Marcos TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A: <b>3</b>	
2 FILER NAME <b>John Thomaides</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/28/10</b>	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Diana Baker</b>	7 Amount of contribution (\$) <b>500.<sup>00</sup></b>	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code <b>727 Belvin St. San Marcos TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date <b>10/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Col. Brian Ray</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>4313 Marathon Blvd Austin TX 78756</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Jon Cobb</b>	Amount of contribution (\$) <b>200.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>734 W. Hopkins San Marcos TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Travis Helsey</b>	Amount of contribution (\$) <b>250.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>SAN Marcos TX 78666</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date <b>10/28/10</b>	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: <b>Scott Polikov</b>	Amount of contribution (\$) <b>350.<sup>00</sup></b>	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code <b>2105 Western Ave Ft. Worth TX 76107</b>		(If travel outside of Texas, complete Schedule T)	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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# POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

## SCHEDULE A

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A:

3

2 FILER NAME

John Thomaidos

3 ACCOUNT # (Ethics Commission Filers)

4 Date

10/27/10

5 Full name of contributor

☐ out-of-state PAC (ID#:

Ed Bolton

6 Contributor address; City; State; Zip Code

127 Adams Way Canyon Lake  
781337 Amount of  
contribution (\$)

250.00

8 In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

10/27/10

Full name of contributor

☐ out-of-state PAC (ID#:

Frank Garcia, MD

Contributor address; City; State; Zip Code

1200 Brooklyn Ave Ste. 320 San Antonio  
78212Amount of  
contribution (\$)

\$ 250.00

In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#:

Contributor address; City; State; Zip Code

Amount of  
contribution (\$)In-kind contribution  
description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

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**LOANS****SCHEDULE E**

The instruction Guide explains how to complete this form.		1 Total pages Schedule E: <div style="text-align: center;">1</div>	
2 FILER NAME <div style="font-size: 1.2em;">John Thomaides</div>		3 ACCOUNT # (Ethics Commission Filers)	
4 TOTAL OF UNITEMIZED LOANS:   ⇒   ⇒   ⇒   ⇒   ⇒   ⇒		\$ 10,000. <sup>00</sup>	
5 Date of loan <div style="font-size: 1.2em;">10/27/10</div>	7 Name of lender <div style="font-size: 1.2em;">Scott Gregson</div> <small><input type="checkbox"/> out-of-state PAC (ID#: _____)</small>		9 Loan Amount (\$) <div style="font-size: 1.2em;">10,000.<sup>00</sup></div>
6 Is lender a financial Institution? <div style="text-align: center;">Y    <input checked="" type="radio"/> N</div>	8 Lender address;   City;   State;   Zip Code <div style="font-size: 1.2em;">120W. Hopkins St. Ste 200 SAN MARCOS, TX 78666</div>		10 Interest rate <div style="font-size: 1.2em;">3%</div>
12 Principal occupation / Job title (See Instructions) <div style="font-size: 1.2em;">Investor</div>		11 Maturity date <div style="font-size: 1.2em;">12/31/11</div>	
13 Employer (See Instructions)			
14 Description of Collateral <input checked="" type="checkbox"/> none			
15 GUARANTOR INFORMATION  <input checked="" type="checkbox"/> not applicable	16 Name of guarantor		18 Amount Guaranteed (\$)
17 Guarantor address;   City;   State;   Zip Code			
19 Principal Occupation (See Instructions)		20 Employer (See Instructions)	
Date of loan	Name of lender <small><input type="checkbox"/> out-of-state PAC (ID#: _____)</small>	Loan Amount (\$)	
Is lender a financial Institution? <div style="text-align: center;">Y    N</div>	Lender address;   City;   State;   Zip Code	Interest rate	
		Maturity date	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Description of Collateral <input type="checkbox"/> none			
GUARANTOR INFORMATION  <input type="checkbox"/> not applicable	Name of guarantor		Amount Guaranteed (\$)
Guarantor address;   City;   State;   Zip Code			
Principal Occupation (See Instructions)		Employer (See Instructions)	

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If lender is out-of-state PAC, please see instruction guide for additional reporting requirements.

# POLITICAL EXPENDITURES

## SCHEDULE F

### EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>	2 FILER NAME <b>John Thomaides</b>	3 ACCOUNT # (Ethics Commission Filers)
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4 Date <b>10/29/10</b>	5 Payee name <b>Paragon Printing</b>
---------------------------	---

6 Amount (\$) <b>3856.00</b>	7 Payee address; City; State; Zip Code <b>10423 McKalla Place Austin TX 78758</b>
---------------------------------	--

8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Mail Pieces</b>
--------------------------	--	---

9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/29/10</b>	Payee name <b>San Marcos Daily Record</b>
-------------------------	--

Amount (\$) <b>441.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>Newspaper Ad</b>
------------------------	--	--

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>10/27/10</b>	Payee name <b>Thompson Group</b>
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Amount (\$) <b>10,000.00</b>	Payee address; City; State; Zip Code <b>400 W. Capital Ave Ste 1711 Little Rock, AR 72201</b>
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>	Description (If travel outside of Texas, complete Schedule T)
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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Date <b>11/2/10</b>	Payee name <b>Sean Patricks Pub</b>
------------------------	--

Amount (\$) <b>250.00</b>	Payee address; City; State; Zip Code
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PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule) <b>Food / Beverage Expense</b>	Description (If travel outside of Texas, complete Schedule T) <b>E-Day Event</b>
------------------------	--	---

Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought	Office held
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ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>		2 FILER NAME <b>John Thomaides</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>11/26/10</b>		5 Payee name <b>Scott Gregson</b>			
6 Amount (\$) <b>800.<sup>00</sup></b>		7 Payee address; City; State; Zip Code <b>120 W. Hopkins Ste 200 SAN Marcos TX 78666</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Loan Repayment</b>		(b) Description (If travel outside of Texas, complete Schedule T)	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>12/01/10</b>		Payee name <b>Matt Lochman</b>			
Amount (\$) <b>1500.<sup>00</sup></b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Mail Piece Design</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>10/29/10</b>		Payee name <b>Heritage Association</b>			
Amount (\$) <b>53.<sup>00</sup></b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contribution / Donation</b>		Description (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
Date <b>11/12/10</b>		Payee name <b>Randall Bosarge</b>			
Amount (\$) <b>200.<sup>00</sup></b>		Payee address; City; State; Zip Code			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Contract Labor - Signs</b>		Description (If travel outside of Texas, complete Schedule T) <b>Sign installation</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

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